UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



piours per response... 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SE	C USE ON	JLY
Prefix	1	Serial
DAT	TE RECEI	VED

Name of Offering ([] check if Practice Partners in Health			e has changed,	and indicate chan	ge.)	
Filing Under (Check box(es) that apply): Type of Filing: [X] New Filin] <u>Rule 505</u> ent	[X] Rule 506	[] Section 4(6)	[X] ULOE	#0000 D
	А. В	SASIC IDENT	IFICATION DA	TA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 2005
Enter the information requ	ested about the iss	uer				
Name of Issuer ([] check if Practice Partners in Health		ent and name	e has changed,	and indicate chang	je.)	100/69
Address of Executive Offices 3100 Lorna Road, Suite 106	(Number and Stre Birmingham, Al			Telephone Numb (205)	er (Including 824-6250	Area Code)
Address of Principal Business C (if different from Executive Office		and Street, Ci	ty, State, Zip Cod	e) Telephone Num	nber (Includir	g Area Code) ROCESSED
Brief Description of Business The management of ambulat		s.				EB 0 9 2005 HOMSON
Type of Business Organization	on					a d A CIAL
[] corporation	[] limited par	tnership, alre	eady formed	[X] other (pleas	se specify):	
[] business trust	[] limited pa	rtnership, to l	be formed	imited liability c	ompany	
			Month Year			
Actual or Estimated Date of I Jurisdiction of Incorporation	or Organization: (E	nter two-lette		ervice abbreviation] Estimate for State:)] [E]	d :

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

01 1 0 (11)	N. D V. D	IVI F P	IVI Disease I I Consessed	
Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[X] Executive Officer	[X] Director [] General and/or Managing Partner	
Full Name (Last r Taylor, Larry D .	name first, if individual)			
Business or Resi 3100 Lorna Road,	dence Address (Number and Stree Suite 106 Birmingham, Alabar		de)	
Check Box(es) th Apply:	nat [] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (Last r Rickman, II, Jan	name first, if individual) nes M.			
Business or Resi 3100 Lorna Road,	dence Address (Number and Stree Suite 106 Birmingham, Alabar		de)	
Check Box(es) th Apply:	nat [] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner	
Full Name (Last r	name first, if individual)			

				:
Check Box(es) that Apply:	[] Promoter [] Beneficia Owner	l [] Executive Officer	[] Director [] General and/o Managing Partner	ог
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Number and Str	reet, City, State, Zip Co	ode)	:
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/ Managing Partner	or
Full Name (Last name	e first, if individual)	- Mariana - Landa Milanda - Landa		
Business or Residence	ce Address (Number and Str	reet, City, State, Zip Co	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/ Managing Partner	or
Full Name (Last name	e first, if individual)			1
Business or Residence	ce Address (Number and Str	reet, City, State, Zip Co	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/ Managing Partner	or
Full Name (Last name	e first, if individual)			
Business or Residence	ce Address (Number and Str	reet, City, State, Zip Co	ode)	:
(Us	e blank sheet, or copy and	d use additional copic	es of this sheet, as necessary.)	

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes []	No [X]				
			A	nswer a	lso in Ap	pendix, (Column 2	2, if filing	under U	LOE.			
2. Wh	at is the	minimu	m invest	tment th	at will be	accepte	ed from a	ny indivi	dual?			\$ No !	Min
3. Doe	es the of	fering pe	ermit joii	nt owner	ship of a	a single ι	unit?					Yes [X]	No []
or indi with sa a brok brokei	irectly, a ales of s ker or d or dea	any com securities ealer re aler. If m	mission s in the gistered nore tha	or simil offering. with th in five (ar remur If a pers e SEC a 5) perso	neration son to be and/or wens to be	for solicite listed is writted in the solicited in the so	itation of s an asso ate or sta	purchas ociated p ates, list ciated p	ers in co erson or the nan	n, directly connection agent of the of the of such a		
Full N	ame (La	st name	e first, if i	individua	al)								
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			·"	
Name	of Asso	ciated E	Broker or	Dealer									
							to Solic	it Purcha	sers		[] All St	ates	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	1
[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	•
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
		C. OFF	ERING	PRICE,	NUMBE	R OF IN	IVESTO	RS, EXP	ENSES A	AND US	E OF PR	OCEE	os

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify Preferred LLC Units).	\$1,980,000.00	\$ 871,000.00
Total	\$1,980,000.00	\$ 871,000.00
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
Accredited Investors	Number Investors 6	Aggregate Dollar Amount of Purchases \$871,000.00
	-	
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under $\underline{\text{Rule } 504}$ or $\underline{505}$, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	N/A	N/A
Regulation A	N/A N/A	N/A N/A
Total	N/A N/A	N/A N/A
Total	IN/A	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[] \$0
Printing and Engraving Costs	-	-
Legal Fees	-	=
Accounting Fees		-
Engineering Fees	-	-
Sales Commissions (placement agent fee and discount) Other Expenses	-	-
Total	-	•
	•	•
b. Enter the difference between the aggregate offering price given in respon	ise to Part C	\$30,312.83
		:

- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$1,949,687.17

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$ 500,000.00	[]\$
Purchase of real estate	[]\$0	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$0	[X] \$ 10,000.00
Construction or leasing of plant buildings and facilities	[]\$0	[]\$27,590.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$0	[]\$0
Repayment of indebtedness	[]\$0	[]\$0
Working capital	[]\$0	[X] \$ 123,370.00
Other (specify): Insurance and bonding, Marketing, Travel Expenses,		
Office Expenses and Legal Fees.	[]\$0	[X] \$210,040.00
Column Totals	[X] \$ 500,000.00	[X] \$371,000.00
Total Payments Listed (column totals added)	[X] \$87	1,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Signature | Date |
| Practice Partners in Healthcare, LLC |
| Name of Signer (Print or Type) |
| Larry D. Taylor | President and Chief Executive Officer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

[] [X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Practice Partners in Healthcare, LLC.

Name of Signer (Print or Type)

Larry D. Taylor

Signature

Title (Print or Type)

President and Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	**************************************	4			5	
			_					Disqualif	
			Type of security					under Stat	
	Intend to		and aggregate		Type of inv	ostor and		(if yes, a	
	to non-acc investors i		offering price offered in state		Type of inv	ased in State		explana waiver gi	
	(Part B-II		(Part C-Item 1)	am	(Part C-			(Part E-I	
				Number of	1	Number of	T		r
				Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL		Х	\$1,980,000 Preferred LLC Units	4	\$670,000	0	\$0		Х
AK		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Χ
AZ		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Χ
AR		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Χ
CA		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
СО		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
CT		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
DE		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	<u> </u>	Х
DC		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
FL		Х	\$1,980,000 Preferred LLC Units	1	\$134,000	0	\$0		Х
GA		Χ	\$1,980,000 Preferred LLC Units	0	\$0	i o	\$0		Х
HI		Χ	\$1,980,000 Preferred LLC Units	0	\$0	j o	\$0		
ID		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
IL		Χ	\$1,980,000 Preferred LLC Units	0	\$0	i o	\$0	· · · · · · · · · · · · · · · · · · ·	Х
IN		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
IA		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	<u> </u>	Х
KS		Χ	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
KY		Χ	\$1,980,000 Preferred LLC Units	1	\$67,000	0	\$0		Х
LA		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		X
ME		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Χ
MD		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	###	Х
MA		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		X
MI		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		X
MN		Х	\$1,980,000 Preferred LLC Units	0	\$0	j o	\$0		X
MS		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		X
МО		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
MT		X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0		Х
NE		Х	\$1,980,000 Preferred LLC Units	0	\$0	i o	\$0		Х
NV		Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	<u> </u>	X
NH		<u> </u>	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	İ	X

	<u> </u>						
NJ	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
NM	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
NY	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
NC	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
ND	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
OH	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	Х
OK	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
OR	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
PA	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
RI	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
SC	Х	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
SD	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
TN	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
TX	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
UT	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
VT	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
VA	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
WA	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
WV	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
WI	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
WY	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
PR	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	X
UK	X	\$1,980,000 Preferred LLC Units	0	\$0	0	\$0	Х

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